

☐ Original

☐ Revised

Notice of Attribution of Resources

Today's Date _____

Effective Date _____

| | | |
|--------------------------------------|------------|------------------------|
| Worker: | County No. | Phone: () |
| Name of Spouse in Facility or Waiver | | Social Security Number |
| Name of Spouse at Home | | Social Security Number |

The amount of your resources as of the first of the month in which the spouse named above entered a medical facility are listed below. If you want to apply for Medicaid, you must also complete either the **Application for Health Coverage and Help Paying Costs** or the **Health Services Application**.

| Countable Resources | Spouse in Facility | Spouse at Home | Total |
|--------------------------------|--------------------|----------------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| The resources not counted are: | | Total | |

The amount of resources attributed to the spouse at home is:

- ☐ The minimum community spouse resource allowance of \$____.*
- ☐ The maximum community spouse resource allowance of \$____.*
- ☐ The amount established by court order \$_____.
- ☐ The amount adequate to provide the minimum monthly maintenance needs allowance. The community spouse resource allowance per the appeal decision of \$_____.
- ☐ One-half of the total countable spousal resources \$_____.

All remaining resources are attributed to the spouse in the facility. The resource limit for the institutionalized spouse is \$2,000. As of the date of entry, the institutionalized spouse is attributed \$_____.

If you disagree with this attribution or believe that the income generated by the amount attributed to the spouse at home is not enough to meet the minimum monthly maintenance needs allowance of \$_____ for the spouse at home, you have the right to appeal. See the back of this form.

Retain this form for your Medicaid application when you need medical assistance.

The institutionalized spouse must transfer the resources attributed to the community spouse to the community spouse to remain eligible within 90 days of the date Medicaid eligibility is established. See your worker for further information.

This attribution is not a determination of fair market value. Any transfer of assets for less than fair market value may result in a period of ineligibility for Medicaid benefits. See 441 Iowa Admin. Code 75.23(249A).

* The minimum and maximum resource allowance will change each January. Contact the Department of Health and Human Services to find out the revised amount.

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Health and Human Services (HHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You can appeal in person, by telephone or in writing for SNAP, Child Care Assistance, Family Investment Program or Medicaid. You must appeal in writing for all other programs by doing **one** of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/programs/appeals>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the Department of Health and Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county HHS office.

How long do I have to appeal?

For SNAP or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. For the Family Investment Program, Child Care Assistance, and Medicaid, benefits can also continue if you file an appeal before the date a decision goes into effect. Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Health and Human Services, Hoover Building, 5th Floor – Bureau of Policy Coordination, 1305 E Walnut, Des Moines, IA 50319-0114 or via email FDHS@hhs.iowa.gov